1335 Bay Rd.

TITLE 5
OFFICIAL INSPECTION FOR - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM
PART A
CERTIFICATION

Property Address: 1335 Bay Road, Amherst, MA

Owner's Name: Elizabeth Burke
Owner's Address: 1335 Bay Road
Amherst, MA 01002

Date of Inspection: June 18, 2003

Name of Inspector: *Alan E. Weiss, R.S # 933*
Company Name: *Cold Spring Environmental Inc.*
Mailing Address: *350 Old Enfield Road*
Belchertown, Massachusetts 01007
Telephone Number: (413) 323-5957 fax: 413-323-4916

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. **I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000).** The system:

XX Passes
___Conditionally Passes
___Needs Further Evaluation by the Local Approving Authority
___Fails

Inspector's Signature: _____ **Date: June 18, 2003**

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

Notes and Comments:

Septic Tank & leaching area was in good condition upon inspection. D Box was found level and functional. D. box cover was replacedby Karls. Inspections found, all levels/stains & baffles were ok. We found septic system be operational per 1984 plans. System is 15+/- years old.

******This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same different conditions of use.**

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 1335 Bay

Owner: Burke

Date of Inspection: 6/18/03

Inspection Summary: Check A,B,C,D or E / ALWAYS complete all of Section D

A. System Passes:

425 I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments: ALL Levels Good, Engl's Installed New D. Box Cover.

B. System Conditionally Passes:

N/A One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Answer yes, no or not determined (Y,N,ND) in the ____ for the following statements. If "not determined" please explain.

_____ The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.
*A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND explain:

_____ Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

____ broken pipe(s) are replaced
____ obstruction is removed
____ distribution box is leveled or replaced

ND explain:

_____ The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

____ broken pipe(s) are replaced
____ obstruction is removed

ND explain:

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 1335 BAY RD

Owner: BURKE
Date of Inspection: 6/18/03

C. Further Evaluation is Required by the Board of Health:

N/A Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. **System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:**

___ Cesspool or privy is within 50 feet of a surface water
___ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

2. **System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:**

___ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

___ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

___ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

___ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**. Method used to determine distance _____

**This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. **Other:**

_____
_____
_____

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 1335 Bay Road

Owner: Burke

Date of Inspection: 6/18/03

D. System Failure Criteria applicable to all systems:
You must indicate "yes" or "no" to each of the following for all inspections:

Yes No

___ No Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
___ No Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
___ No Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
___ N/A Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
___ No Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped ____.
___ No Any portion of the SAS, cesspool or privy is below high ground water elevation.
___ No Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
___ No Any portion of a cesspool or privy is within a Zone 1 of a public well.
___ No Any portion of a cesspool or privy is within 50 feet of a private water supply well.
___ N/A Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]**

No (Yes/No) **The system fails.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems: N/A
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.
You must indicate either "yes" or "no" to each of the following:
(The following criteria apply to large systems in addition to the criteria above)

yes no

___ ___ the system is within 400 feet of a surface drinking water supply

___ ___ the system is within 200 feet of a tributary to a surface drinking water supply

___ ___ the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 1335 Bay Road

Owner: Burke

Date of Inspection: 6/18/03

Check if the following have been done. You **must** indicate "yes" or "no" as to each of the following:

Yes No

yes ___ Pumping information was provided by the owner, occupant, or Board of Health

___ No Were any of the system components pumped out in the previous two weeks ?

yes ___ Has the system received normal flows in the previous two week period ?

___ No Have large volumes of water been introduced to the system recently or as part of this inspection ?

yes ___ Were as built plans of the system obtained and examined? (If they were not available note as N/A)

yes ___ Was the facility or dwelling inspected for signs of sewage back up ?

yes ___ Was the site inspected for signs of break out ?

yes ___ Were all system components, excluding the SAS, located on site ?

yes ___ Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum ?

yes ___ Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:

Yes no

yes ___ Existing information. For example, a plan at the Board of Health.

yes ___ Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 1335 Bay Road

Owner: Burke
Date of Inspection: 6/18/03

BUILDING SEWER (locate on site plan)

Depth below grade: 30"
Materials of construction: ___cast iron ✓40 PVC ___other (explain): _____
Distance from private water supply well or suction line: 10'+
Comments (on condition of joints, venting, evidence of leakage, etc.):

SEPTIC TANK: ✓ (locate on site plan)

Depth below grade: 36"
Material of construction: ✓concrete ___metal ___fiberglass ___polyethylene
___other(explain)_____
If tank is metal list age: ___ Is age confirmed by a Certificate of Compliance (yes or no): ___ (attach a copy of certificate)
Dimensions: 10.5' x 5.5' x 5.0'
Sludge depth: 2"
Distance from top of sludge to bottom of outlet tee or baffle: 40"
Scum thickness: 1'
Distance from top of scum to top of outlet tee or baffle: ~~6~~ 6"
Distance from bottom of scum to bottom of outlet tee or baffle: 15"
How were dimensions determined: MEASURED
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
HAS RISERS, Good built in BAFFLES

GREASE TRAP: N/A (locate on site plan)

Depth below grade: ___
Material of construction: ___concrete ___metal ___fiberglass ___polyethylene ___other (explain):_____
Dimensions: _____
Scum thickness: _____
Distance from top of scum to top of outlet tee or baffle: _____
Distance from bottom of scum to bottom of outlet tee or baffle: _____
Date of last pumping: _____
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 1335 BAY RD.

Owner: Burke
Date of Inspection: 6/18/03

SOIL ABSORPTION SYSTEM (SAS): YC (locate on site plan, excavation not required)

If SAS not located explain why:

Type
____ leaching pits, number: ___
____ leaching chambers, number: ____
____ leaching galleries, number: ____
3 leaching trenches, number, length: 2'W x 32'L x 1.5'D
____ leaching fields, number, dimensions: _____
____ overflow cesspool, number: ____
____ innovative/alternative system Type/name of technology: _____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):
No Signs of Failure.

CESSPOOLS: N/O (cesspool must be pumped as part of inspection)(locate on site plan)

Number and configuration: _____
Depth – top of liquid to inlet invert: _____
Depth of solids layer: _____
Depth of scum layer: _____
Dimensions of cesspool: _____
Materials of construction: _____
Indication of groundwater inflow (yes or no): ____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

PRIVY: N/O (locate on site plan)

Materials of construction: _____
Dimensions: _____
Depth of solids: _____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 1335 Bay Rd

Owner: Burke
Date of Inspection: 6/18/03

TIGHT or HOLDING TANK: N/A (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: ____
Material of construction: ____concrete ____metal ____fiberglass ____polyethylene ____other(explain):
Dimensions: ____
Capacity: ____gallons
Design Flow: ____gallons/day
Alarm present (yes or no): ____
Alarm level: ____ Alarm in working order (yes or no): ____
Date of last pumping: ____
Comments (condition of alarm and float switches, etc.):

DISTRIBUTION BOX: Yes (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: at inv.
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):
Good Distribution, New Cover Placed.

PUMP CHAMBER: N/A (locate on site plan)

Pumps in working order (yes or no): ____
Alarms in working order (yes or no): ____
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

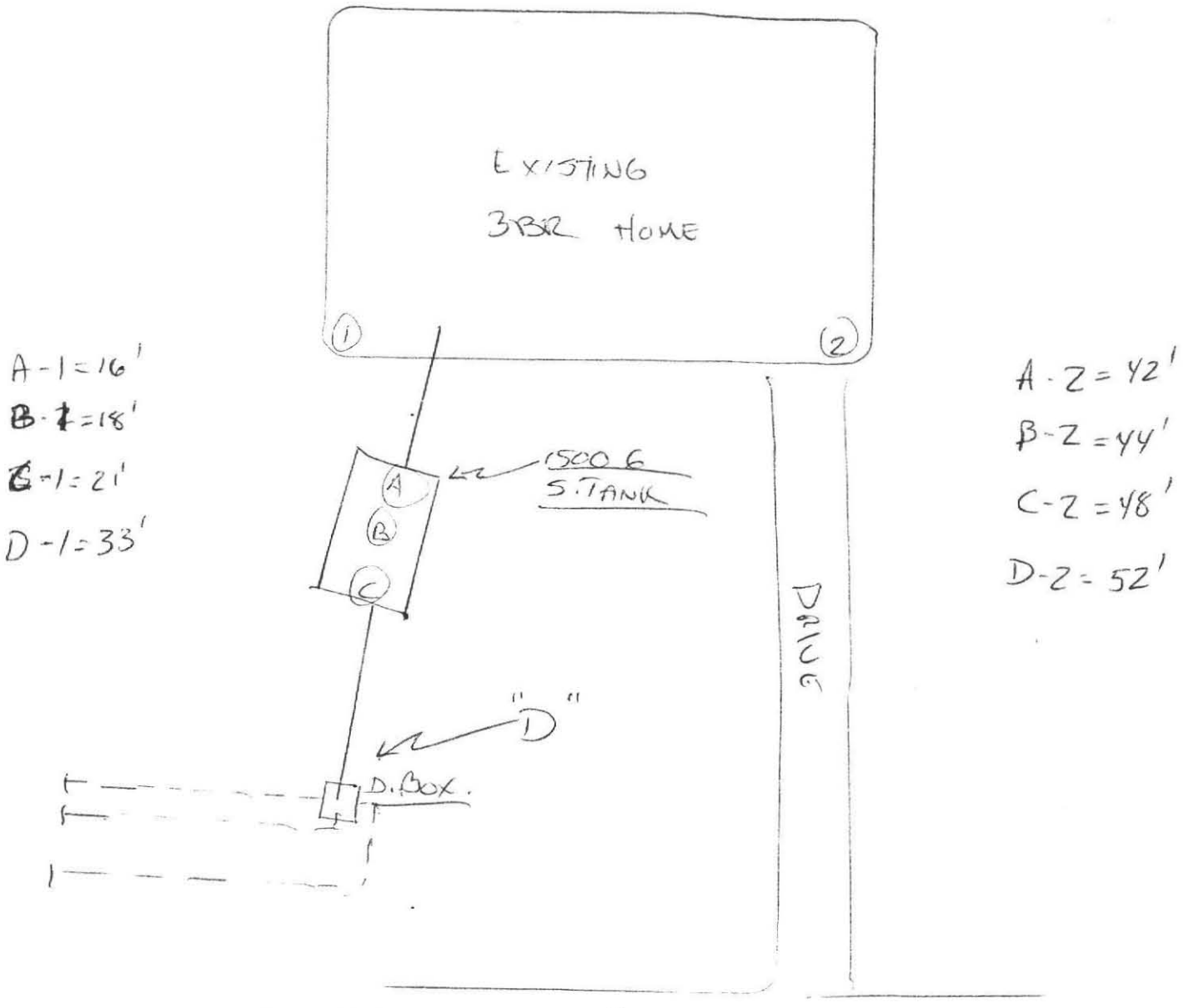
Property Address: 1335 BAY RD

Owner: Burke

Date of Inspection: 6/18/03

SKETCH OF SEWAGE DISPOSAL SYSTEM

Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 1335 Bay

Owner: Burke

Date of Inspection: 6/18/07

SITE EXAM

✓ Slope

Surface water

✓ Check cellar

Shallow wells

Estimated depth to ground water 5+ feet

Please indicate (check) all methods used to determine the high ground water elevation:

___ ✓ Obtained from system design plans on record - If checked, date of design plan reviewed: _____

___ ✓ Observed site (abutting property/observation hole within 150 feet of SAS)

___ Checked with local Board of Health-explain: _____

___ Checked with local excavators, installers- (attach documentation)

___ Accessed USGS database-explain: _____

You **must** describe how you established the **high ground water elevation:**

Knowledge of Deep holes in area + 1984 records by Eliots

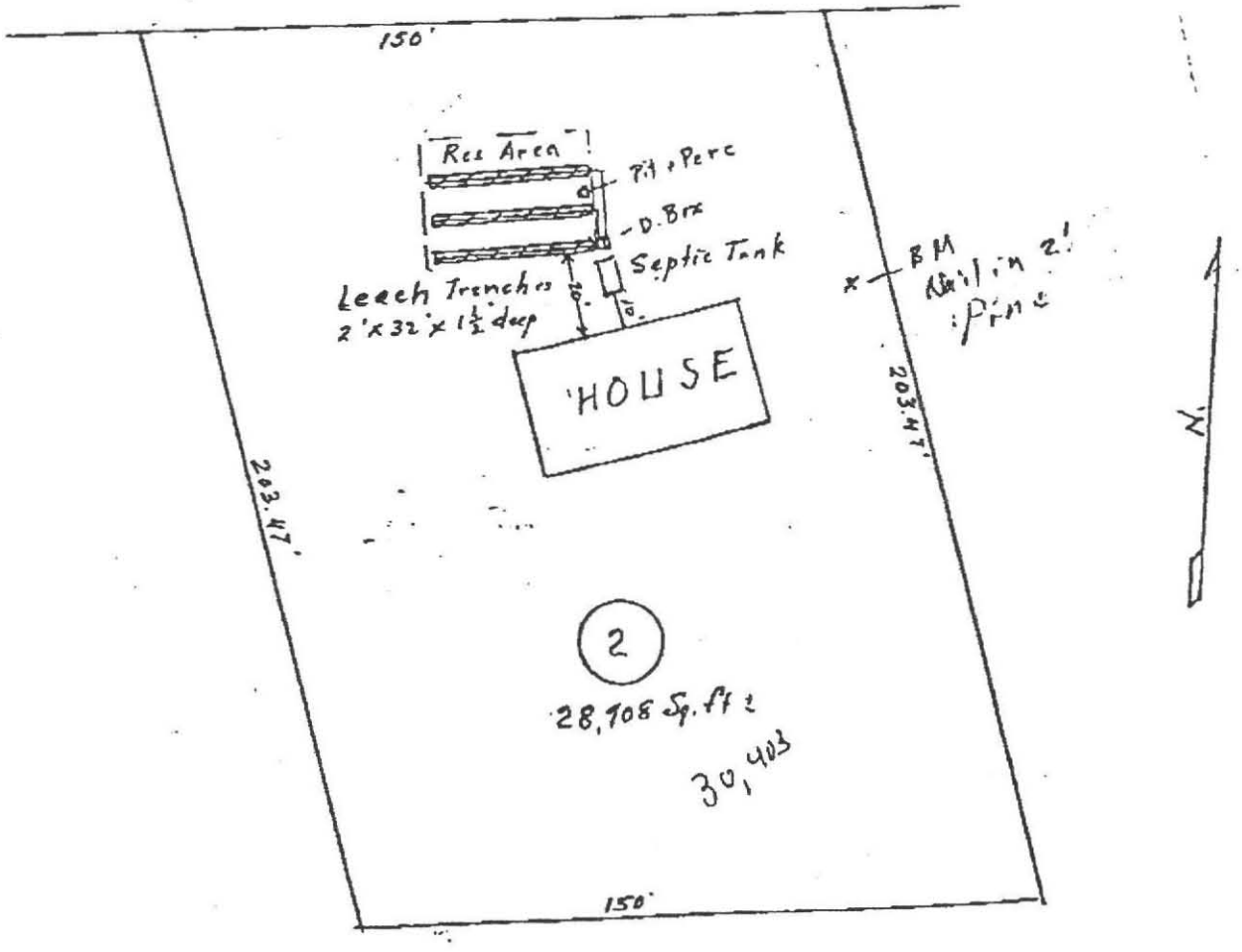
PLAN SHOWING SEWAGE DISPOSAL

Mar 3 1984

For: David Pomerantz
13 Pine Grove
Amherst Mass.

Scale: 1" = 40'
By: Frederick Filios

BAY ROAD



Town Water available

CLEAN-SEPTICS, INC.

P.O. BOX 394 • LUDLOW, MA 01056

Ludlow (413) 583-2138 • Amherst (413) 256-3114
Palmer (413) 283-2242 • Agawam (413) 789-4802
Holyoke (413) 533-8903 • Fax (413) 589-1140

Customer's Order No. _____ Date 6/5 01

Sold to: AMANDA MARLEY

Address: 1335 BAY RD

City AMHERST State MA

	DESCRIPTION OF SERVICE	AMOUNT
	Riser	
X	Septic tank pumping	$ 220
	Digging	
	Extra hoses #1118	
	Sewage disposal Paid in full	
	Manholes & covers	
	Back Wash	
	Miscellaneous materials	
	Extra labor	
	1500 ☐ 1000 ☐	
	Mass. Tax	$ 220

Your account stated to date. If error is found, return at once.

TANK LEVEL GOOD

Rec'd by _____

PROFILE OF SEPTIC SYSTEM

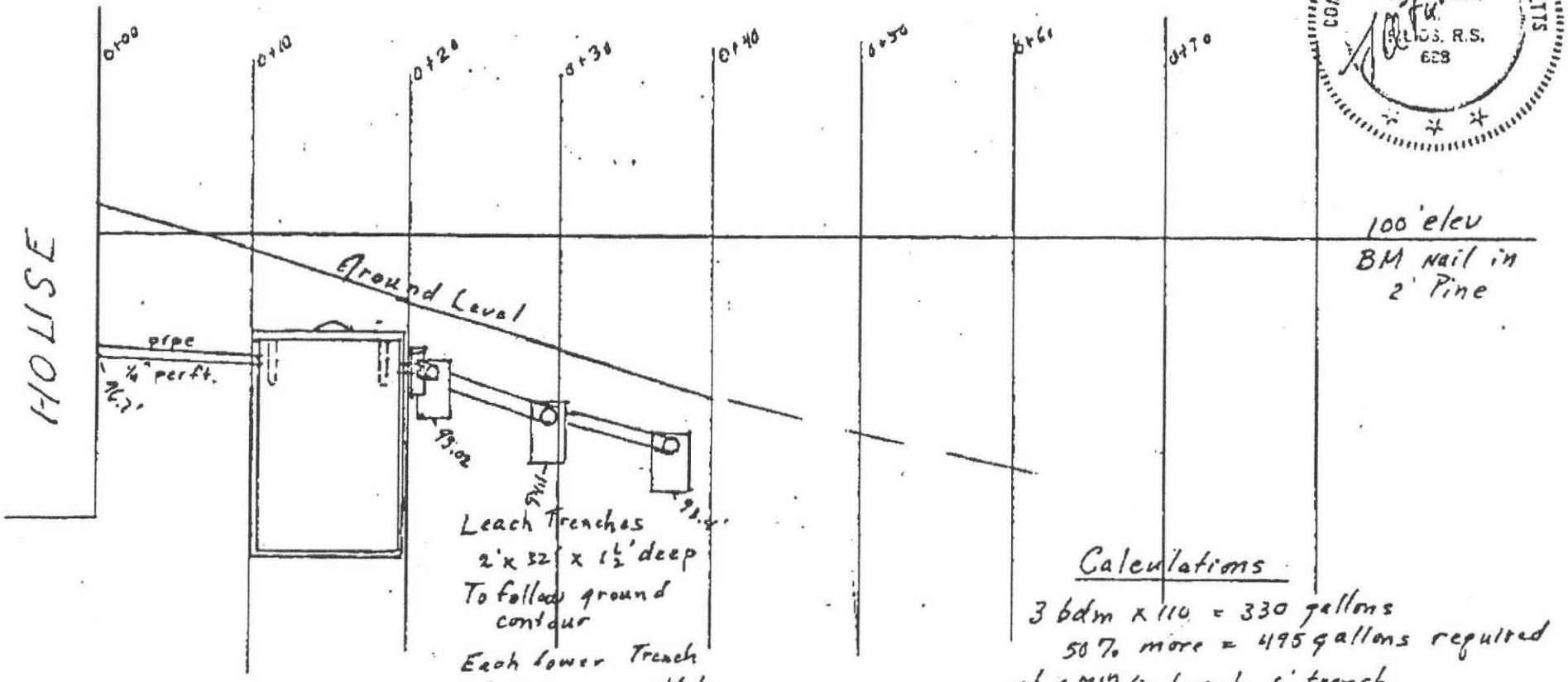
Mar. 3, 1984

For: David Pomerantz
13 Pine Grove
Amherst Mass
At: Bay Road

Scale: Horizontal, 1" = 10'
Vertical, 1" = 4'
By: Frederick Filios

Lot # 2

COMMONWEALTH OF MASSACHUSETTS
FREDERICK
FILIOS, R.S.
628



Calculations

3 bdm x 110 = 330 gallons
50% more = 495 gallons required
at 6 min/inch each 1' trench
2 x .71 + 3 x 1.66 = 6.40 gal per sf
3 x 32 = 96' x 6.40 = 614 gallons propose

#1335 BOH

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
One winter Street, Boston Ma 02108 (617) 292-5500

ARGEO PAUL CELLUCCI
GOVERNOR

TRUDY COXE
Secretary

DAVID B. STRUHS
COMMISSIONER

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 1335 BAY RD
AMHERST, Ma

Name of Owner MARLEY
Address of owner: SAME

Date of Inspection: 11/16/99
Name of Inspector: (Please Print) John Alves
I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
Company Name: CLEAN SEPTICS
Mailing Address: 540 CENTER ST., LUDLOW, MA
Telephone Number: 413-583-2138

CERTIFICATION STATEMENT
I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

- ✓ Passes
- ___ Conditionally Passes
- ___ Needs Further Evaluation By the Local Approving Authority
- ___ Fails

Inspector's Signature: John Alves Date 11/16/99

The System Inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within thirty (30) days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the Department of Environmental Protection. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

NOTES AND COMMENTS

DISPOSAL SHOULD BE REMOVED

11-3

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 1335 BAY RD
AMHERST, Ma

Owner: MARLEY
Date of Inspection: 11/16/99

INSPECTION SUMMARY: Check A, B, C, or D:

(A.) **SYSTEM PASSES:**

✓ I have not found any information which indicates that any of the failure conditions described in 310 CMR 15.303 exist. Any failure criteria not evaluated are indicated below.

COMMENTS: _____

_____

B. SYSTEM CONDITIONALLY PASSES:

_____ One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not.

____ The septic tan is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection: or the septic tank, whether or not metal, is cracked, structurally unsound, shows substantial infiltration or exfiltration. or tank as approved by the Board of Health.

____ Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health).

_____ broken pipe(s) are replaced
_____ obstruction is removed
_____ distribution box is leveled or replaced

____ The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

_____ broken pipe(s) are replaced
_____ obstruction is removed

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 1335 BAY RD
Owner: MARLEY
Date of Inspection: 11/16/99

C. FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

_____ Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect the public health, safety and the environment.

1) **SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES IN ACCORDANCE WITH 310 CMR 15.303 (1)(b) THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

___ Cesspool or privy is within 50 feet of surface water
___ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.

2) **SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF ANY) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECTS THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

___ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
___ The system has a septic tank and soil absorption system and the SAS is within a Zone I of a public water supply well.
___ The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm. Method used to determine distance_____ (approximation not valid).

3) Other

___ _____
_____
_____

SUBSURFACE SEWAGE DISPOSAL INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 1335 BAY RD
Owner: MARLEY
Date of Inspection: 11/16/99

D. SYSTEM FAILS:
You must indicate either "Yes" or "No" to each of the following:

__ __ I have determined that one or more of the following failure conditions exist as described in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

Yes	No	
___	___	Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.
___	___	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.
___	___	Static liquid level in the distribution box above outlet invert due to an overloaded of clogged SAS or cesspool
___	___	Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
___	___	Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped _____.
___	___	Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
___	___	Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
___	___	Any portion of a cesspool or privy is within a zone I of a public well.
___	___	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
___	___	Any portion of a cesspool or privy is less-than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E. LARGE SYSTEM FAILS:
You must indicate either "Yes" of "No" to each of the following:

__ The system serves a facility with a design flow of 10,000 gpd or grater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

Yes	No	
___	___	the system is within 400 feet of a surface drinking water supply
___	___	the system is within 200 feet of a tributary to a surface drinking water supply.
___	___	the system is located in a nitrogen sensitive area (Interim Wellhead Protection Are - IWPA) or a mapped Zone II of a public water supply well)

The owner or operator of any such system shall upgrade the system in accordance with 310 CMR 15.304(2). Please consult the local regional office of the Department for further information.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 1335 BAY RD
Owner: MARLEY
Date of Inspection: 11/16/99

Check if the following have been done: You must indicate either "yes" or "No" as to each of the following:

Yes	No	
✓	___	Pumping information was provided by the owner, occupant, or Board of Health.
✓	___	None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
✓	___	As built plans have been obtained and examined. Note if they are not available with N/A.
✓	___	The facility or dwelling was inspected for signs of sewage back-up.
✓	___	The system does not receive non-sanitary or industrial waste flow.
✓	___	The site was inspected for signs of breakout.
✓	___	All system components, excluding the Soil Absorption System, have been located on the site.
✓	___	The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
		The size and location of the Soil Absorption System on the site has been determined based on:
✓	___	Existing information. For example, Plan at B.O.H.
✓	___	Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is unacceptable) (15.302(3)(b)]
✓	___	The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SubSurface Disposal Systems.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FOR
PART C
SYSTEM INFORMATION

Property Address: 1335 BAY RD
Owner: MARLEY
Date of Inspection: 11/16/99

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 110 g.p.d./bedroom.
Number of bedrooms (design): 3 Number of bedrooms (actual): 3
Total DESIGN flow 330
Number of current residents: 2
Garbage grinder (yes or no): YES
Laundry (separate system) (yes or no): no ; If yes, separate inspection required-
Laundry system inspected (yes or no)
Seasonal use (yes or no): no
Water meter readings, if available (last two year's usage (gpd): N/A
Sump Pump (yes or no): NO
Last date of occupancy: PRESENT

COMMERCIAL/INDUSTRIAL:
Type of establishment:_____
Design flow _____gpd (Based on 15.203)
Basis of design flow_____
Grease trap present: (yes or no)_____
Industrial Waste Holding Tank present: (yes or No) _____
Non-sanitary waste discharged to the Title 5 system: (yes or no)_____
Water meter readings if available:_____
Last date of occupancy:_____

Other: (Describe) _____
Last date of occupancy: _____

GENERAL INFORMATION

PUMPING RECORDS and source of information:
1994 OWNER
System pumped as part of inspection: (yes or no) YES
If yes, volume pumped: 1500 gallons
Reason for pumping TIME

TYPE OF SYSTEM
✓ Septic tank /distribution box/soil absortion system
_____ Single cesspool
_____ Overflow cesspool
_____ Privy
_____ Shared system (yes or no)
_____ I/A Technology etc. Attach copy of up to date operation and maintenance contract
_____ Tight Tank _____Copy of DEP Approval

other _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: 1984 TOWN RECORDS

Sewage odors detected when arriving at the site: (yes or (No)) No

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C
SYSTEM INFORMATION (continued)

Property Address: 1335 BAY RD
Owner: MARLEY
Date of Inspection: 11/16/99

BUILDING SEWER:
(Locate on site plan)

Depth below grade: **2'10"**
Material of construction:____cast iron__**XX**____40 PVC_____other (explain)
_____

Distance from private water supply well or suction line- **10'**
Diameter **4"**
Comments: (condition of joints, venting, evidence of leakage, etc.)
JOINTS AND PIPING BEHIND WALLS

SEPTIC TANK:_____
(locate on site plan)

Depth below grade: **2.5'** Riser to 4"
Material of construction : **XX** concrete_____metal____Fiberglass_____Polyethylene_____Other(explain)

If tank is metal, list age_____is age confirmed by Certificate of Compliance_____(Yes or No)

Dimensions: **10.5' L 5' W 5'D 1500 KELLOGG**
Sludge depth: **10"**
Distance from top of sludge to bottom of outlet tee or baffle: **20"**
Scum thickness: **6"**
Distance from top of scum to top of outlet tee or baffle: **8"**
Distance from bottom of scum to bottom of outlet tee or baffle: **16"**
How dimensions were determined: **MEASURED AND PROBED & DUG**

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc) **PUMP , BAFFLES OK, LEVEL OK, TANK OK, NO LEAKS**

GREASE TRAP:_____
(LOCATE ON SITE PLAN)

Depth below grade:_____
Material of construction:_____concrete_____ metal_____Fiberglass_____Polyethylene____other(explain)

Dimensions:_____
Scum thickness:_____
Distance from tip of scum to top of outlet tee or baffle:_____
Distance from bottom of scum to bottom of outlet tee or baffle:_____
Date of last pumping:_____

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.)_____

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 1335 BAY RD
Owner: MARLEY
Date of Inspection: 11/16/99

TIGHT OR HOLDING TANK:___ (Tank must be pumped prior to, or at time of, inspection)
(locate on site plan)

Depth below grade:_____
Material of construction:_____concrete_____metal_____Fiberglass____Polyethylene_____other (explain)
_____
_____
_____
Dimensions:_____
Capacity:_____gallons
Design flow:_____gallons/day
Alarm Present_____
Alarm level:_____ Alarm in working order: Yes____NO_____
Date of previous pumping:_____
Comments:
(condition of inlet tee, Condition of alarm and float switches, etc.)
_____
_____
_____

DISTRIBUTION BOX:____0"_____
(locate on site plan)

Depth of liquid level above outlet invert ___

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)_____
LEVEL, DISTRIBUTION EQUAL , SOME CARRY OVER , NO LEAKS
_____
_____
_____
_____ _____

PUMP CHAMBER: _____
(locate on site plan)

Pumps in working order: (Yes or No) _____
Alarms in working order: (Yes or No)_____
Comments:
(note condition of pump chamber, condition of pumps and appurtenances, etc.)_____
_____
_____
_____
_____

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 1335 BAY RD
owner: MARLEY
Date of Inspection: 11/16/99

SOIL ABSORPTION SYSTEM (SAS): _____
(locate on site plan, if possible; excavation not required, location may be approximated by non-intrusive methods)

If not located, explain:
_____
_____

Type:
Leaching pits, number:___
Leaching chambers, number:_____
Leaching galleries, number:_____
Leaching trenches, number, length: **3 @ 32'**
Leaching fields, number, dimensions:_____
Overflow cesspool, number:_____
Alternative system: _____
Name of Technology:_____

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.)
SOIL BONY , NO HYDRAULIC FAILURE, SOIL DRY , VEGETATION OK
_____
_____
_____

CESSPOOLS:_____
(locate on site plan)

Number and configuration:_____
Depth-top of liquid to inlet invert:_____
Depth of solids layer:_____
Depth of scum layer:_____
Dimensions of cesspool:_____
Materials of construction:_____
Indication of groundwater:_____
Inflow (cesspool must be pumped as part of inspection)_____
_____
_____

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)
_____
_____
_____

PRIVY:_____
(locate on site plan)

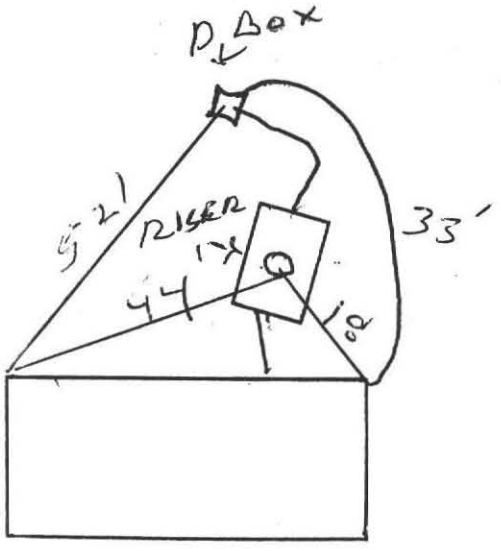
Materials of construction:_____Dimensions:_____
Depth of solids:_____
Comments:_____
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)
_____
_____
_____

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address:
Owner:
Date of Inspection:

SKETCH OF SEWAGE DISPOSAL SYSTEM:
include ties to at least two permanent reference landmarks or benchmarks
locate all wells within 100' (Locate where public water supply comes into house)

BAY RD.



To all parties concerned with this report. This inspection carries no warrantees or guarantees. The condition's of this system may change due to maintenance, elements of the weather, number of occupants ect. ect. and respect for the system. These systems do not last forever. This is a limited inspection only, intended to provide information concerning the physical condition observed at the time of the visual inspection. Again this is not a general warrantee or guarantee

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
STYSTEM INFORMATION (continued)

Property Address: 1335 BAY RD
Owner: MARLEY
Date of Inspection: 11/16/99

NRCS Report name _____
Soil Type _____
Typical depth to groundwater _____

USGS Date website visited
Observation Wells checked
Groundwater depth: Shallow_____Moderate_____Deep_____

SITE EXAM Slope
Surface water
Check Cellar
Shallow wells

Estimated Depth to Groundwater 7 Feet **NONE AT**
Please indicate all the methods used to determine High Groundwater Elevation:

✓ Obtained from Design Plans on record

_____ Observed Site (Abutting property, observation hole, basement sump etc.)

_____ Determined from local conditions

____ Checked with local Board of Health

_____ Checked FEMA Maps

_____ Checked pumping records

_____ Checked local excavators, installers

____ Used USGS Data

Describe how you established the High Groundwater Elevation. (**Must** be completed)

PERC ALMAR HUNTLEY ASSOCIATES

#1335

No. 84-3 FEE 90.00

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit

COMMONWEALTH OF MASSACHUSETTS FREDERICK GILLOS, R.S. 688

Application is hereby made for a Permit to Construct (X) or Repair ( ) an Individual Sewage Disposal System at:

1335 Bay Road — Location - Address; 2 (East) — or Lot No.

David Pomerantz — Owner; 13 Pine Grove Amherst Ma — Address

X EO Stone — Installer; Montague — Address

Type of Building — Size Lot 28,908 ± Sq. feet

Dwelling — No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder ( )

Other — Type of Building ..... No. of persons ..... Showers ( ) — Cafeteria ( )

Other fixtures .....

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.

Septic Tank — Liquid capacity 1500 gallons, Length ..... Width ..... Diameter ..... Depth .....

Disposal Trench — No. 3 Width 2 ½ feet Total Length 96' Total leaching area 792 sq. ft. 288 sides 504 bottom

Seepage Pit No. ..... Diameter ..... Depth below inlet ..... Total leaching area ..... sq. ft.

Other Distribution box (✓) Dosing tank ( )

Percolation Test Results Performed by Almer Huntley Asso Date 3-18-75

Test Pit No. 1 5 minutes per inch Depth of Test Pit 7' Depth to ground water none

Test Pit No. 2 ..... minutes per inch Depth of Test Pit ..... Depth to ground water .....

Description of Soil enclosed

Nature of Repairs or Alterations — Answer when applicable .....

Agreement:

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed David Pomerantz 3/6/84 Date

Application Approved By C E Stone Jr. 3-7-84 Date

Application Disapproved *for the following reasons:* .....

Permit No. 84-3 Issued 3-7-84 Date

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF .....

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired ( )

by ..... Installer

at .....

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. ..... dated .....

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

..... Inspector .....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 84-3 Town OF Amherst FEE 90

Disposal Works Construction Permit

Permission is hereby granted David Pomerantz by -

to Construct (X) or Repair ( ) an Individual Sewage Disposal System

at No. Lot 2 East Bay Rd (Atkins, at Belchertown Ln) Street

as shown on the application for Disposal Works Construction Permit No. 84-3 Dated 3-7-84

C E Stone Jr. Board of Health

DATE 3-7-84

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS